



Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

|                        |                 |
|------------------------|-----------------|
| Attorney Docket Number | C48             |
| First Named Inventor   | PEDERSEN, David |
| COMPLETE IF KNOWN      |                 |
| Application Number     |                 |
| Filing Date            |                 |
| Group Art Unit         |                 |
| Examiner Name          |                 |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plus names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LITHOGRAPHICALLY DEFINED MICROELECTRONIC  
CONTACT STRUCTURES

the specification of which

(Title of the Invention)

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International  
Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached?   |  |
|--|---------|-------------------------------------|--|--|--|
|  |         |                                     |  | YES  | NO   |
|  |         |                                     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

|                                     |  |  |
|-------------------------------------|--|--|
| Application Number(s)<br>60/073,679 | Filing Date (MM/DD/YYYY)<br>Feb. 4, 1998 | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-------------------------------------|--|--|

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

MAR - 1 2001

TECHNOLOGY CENTER R300

Certificate of Mailing under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service, Express Mail label number EJ-622-082-966-US under 37 CFR 1.10 and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on February 26, 1998.

David L. Woodward

February 26, 1998  
Signed



Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--------------------------------|-------------------|---------------------------------|--------------------------------------|
| 08/852,152                     | US97/08634        | 04/06/1997                      | 5/6/97                               |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet P

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and I and Trademark Office connected therewith:

☐ Customer Number  OR  
☒ Registered practitioner(s) name/registration number listed be

| Name          | Registration Number | Name |
|---------------|---------------------|------|
| David Larwood | 33,191              |      |
| Gerald Linden | 30,282              |      |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

|         |                       |           |                |     |                |
|---------|-----------------------|-----------|----------------|-----|----------------|
| Name    | David Larwood         |           |                |     |                |
| Address | FormFactor, Inc.      |           |                |     |                |
| Address | 5666 La Ribera Street |           |                |     |                |
| City    | Livermore             | State     | CA             | ZIP | 94550          |
| Country | USA                   | Telephone | (510) 456-3811 | Fax | (510) 294-8147 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

|                                      |                        |
|--------------------------------------|------------------------|
| Given Name (first and middle if any) | Family Name or Surname |
| David V.                             | PEDERSEN               |

|                      |                          |       |    |         |              |             |     |
|----------------------|--------------------------|-------|----|---------|--------------|-------------|-----|
| Inventor's Signature | <i>David V. Pedersen</i> |       |    | Date    | Feb 28, 1998 |             |     |
| Residence: City      | Scotts Valley            | State | CA | Country | USA          | Citizenship | USA |
| Post Office Address  | 6 Sterling Lane          |       |    |         |              |             |     |
| Post Office Address  |                          |       |    |         |              |             |     |
| City                 | Scotts Valley            | State | CA | ZIP     | 95066        | Country     |     |

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
+  
Under the Paperwork Reduction Act of 1995, respondents are required to respond to a collection of information unless it contains a valid CMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

|  |  |                   |  |   |  |              |  |
|--|--|-------------------|--|---|--|--------------|--|
| Name of Additional Joint Inventor, if any: |  |                   |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |              |  |
| Given Name (first and middle (if any))     |  |                   |  | Family Name or Surname  |  |              |  |
| Igor Y.                                    |  |                   |  | KHANDROS  |  |              |  |
| Inventor's Signature                       |  |                   |  | Date  |  | Feb 25, 1998 |  |
| Residence: City                            |  | Orinda            |  | State   |  | CA           |  |
|  |  |                   |  | Country   |  | USA          |  |
| Post Office Address                        |  | 25 Haciendas Road |  |   |  |              |  |
| Post Office Address                        |  |                   |  |   |  |              |  |
| City                                       |  | Orinda            |  | State   |  | CA           |  |
|  |  |                   |  | ZIP   |  | 94563        |  |
|  |  |                   |  | Country   |  | USA          |  |
| Name of Additional Joint Inventor, if any: |  |                   |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |              |  |
| Given Name (first and middle (if any))     |  |                   |  | Family Name or Surname  |  |              |  |
|  |  |                   |  |   |  |              |  |
| Inventor's Signature                       |  |                   |  | Date  |  |              |  |
| Residence: City                            |  |                   |  | State   |  |              |  |
|  |  |                   |  | Country   |  |              |  |
| Post Office Address                        |  |                   |  |   |  |              |  |
| Post Office Address                        |  |                   |  |   |  |              |  |
| City                                       |  |                   |  | State   |  |              |  |
|  |  |                   |  | ZIP   |  |              |  |
|  |  |                   |  | Country   |  |              |  |
| Name of Additional Joint Inventor, if any: |  |                   |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |              |  |
| Given Name (first and middle (if any))     |  |                   |  | Family Name or Surname  |  |              |  |
|  |  |                   |  |   |  |              |  |
| Inventor's Signature                       |  |                   |  | Date  |  |              |  |
| Residence: City                            |  |                   |  | State   |  |              |  |
|  |  |                   |  | Country   |  |              |  |
| Post Office Address                        |  |                   |  |   |  |              |  |
| Post Office Address                        |  |                   |  |   |  |              |  |
| City                                       |  |                   |  | State   |  |              |  |
|  |  |                   |  | ZIP   |  |              |  |
|  |  |                   |  | Country   |  |              |  |
| Name of Additional Joint Inventor, if any: |  |                   |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |              |  |
| Given Name (first and middle (if any))     |  |                   |  | Family Name or Surname  |  |              |  |
|  |  |                   |  |   |  |              |  |
| Inventor's Signature                       |  |                   |  | Date  |  |              |  |
| Residence: City                            |  |                   |  | State   |  |              |  |
|  |  |                   |  | Country   |  |              |  |
| Post Office Address                        |  |                   |  |   |  |              |  |
| Post Office Address                        |  |                   |  |   |  |              |  |
| City                                       |  |                   |  | State   |  |              |  |
|  |  |                   |  | ZIP   |  |              |  |
|  |  |                   |  | Country   |  |              |  |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED  
MAR - 1 2001  
TECHNOLOGY CENTER R3100